Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 888/778-9440; 512/834-6612

# LEAD ABATEMENT SUPERVISOR CERTIFICATION APPLICATION

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EXEMPT Mr.								ED OR THE CERTIF DENCE MAILED TO	
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certified as a Lead Firm by the department in accordance with 25 TAC §295.211 and are not exempt from certification fees.  A copy of the verifiable documentation listed below MUST BE SUBMITTED to the department in accordance with §295.208 of the Texas Environmental Lead Reduction Rules. Please place a check (T) in the designated boxes below which correspond to the documentation you are submitting with this application:									
1	l. A Lead A [§295.20			or course co		tificate from	a departi	ment-accredited	d training provider
П ,		21		· c:	AND	. 1	•		
	2. A copy of your Lead Abatement Supervisor examination results you received from the department indicating a passing score of at least 70% correct obtained within six months of receiving a Lead Abatement Supervisor course completion certificate[§295.208(b)(1)(B), §295.208(c)(5)];								
					$S(b)(1)(B), \S 2$			ing a Leau Aba	atement Supervisor
1 1 3	course c	ompleti	ion certificate	te[§295.2086	(b)(1)(B), §2 AND	295.208(c)(5	5)];		atement Supervisor
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#### APPLICANT VERIFICATION OF INFORMATION

I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§295.201-220. I declare that I have examined this application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and correct, and will forward any changes to data in this application to the Texas Department of Health within 30 days of that change. I acknowledge that any falsification or misrepresentation in attempting to obtain department certification may result in the denial of my application or decertification.

Signature of Applicant	Date	

### **IMPORTANT**

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, ALL QUESTIONS ANSWERED, AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.

## NOTE:

- Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- , If your application is complete, allow a <u>minimum</u> of three weeks for processing your application.
- , In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules

## SUGGESTED FORMAT FOR DOCUMENTING LEAD-RELATED EXPERIENCE

Applicant's Name		Social Security No.	Submission Da	ate
DATES OF EMPLOYMENT	EMPLOYER NAME, ADDRESS & PHONE #	JOB TITLE & DUTIES PERFORMED		EXAMPLE TYPICAL PROJECTS & VERIFICATION CONTACTS, OR SUPERVISOR (Include Phone #)